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FROM: Linda S. Jernigan (Typed or printed name of person signing Certificate)

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Application No.: 10/825,792

Inventor(s): Chan et al.

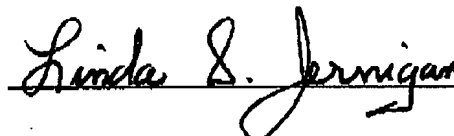
Filed: April 16, 2004

Docket No.: 9215

Confirmation No.: 9078

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| FEE TRANSMITTAL for FY 2008 Patent fees are subject to annual revision. Effective September 30, 2007 | Complete if Known | | RECEIVED CENTRAL FAX CENTER DEC 06 2007 |
| | Application Number | 10/825,792 | |
| | Confirmation Number | 9078 | |
| | Filing Date | April 16, 2004 | |
| | First Named Inventor | Chan et al. | |
| | Examiner Name | Shay Lynn Karls | |
| | Art Unit | 1744 | |
| TOTAL AMOUNT OF PAYMENT (\$460) | | Docket No. | 9215 |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|--------------------------|-----------------|----------------|--|---|--------------------------|--|--------------------------|--|--|-----------|--------------------------|--|--------------------------|--------------------------|--|------------------|--------------------------|--------------------------------------|---------|--------------------------|---|---------|--------------------------|--|--------|--------------------------|---------------------------|---------|--------------------------|------------------|---------|--------------------------|--|---------|--------------------------|--------------------------|--------------------------|--------------------------------|---|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company | | 5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th></th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$460)</td> <td>[460]</td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,050)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,640)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,230)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$510)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$510)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,030)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,410)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | Fee Description | | Fee Paid | Extension for reply within 1 st month | (\$120) | <input type="checkbox"/> | Extension for reply within 2 nd month | (\$460) | [460] | Extension for reply within 3 rd month | (\$1,050) | <input type="checkbox"/> | Extension for reply within 4 th month | (\$1,640) | <input type="checkbox"/> | Extension for reply within 5 th month | (\$2,230) | <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) | <input type="checkbox"/> | 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) | <input type="checkbox"/> | 37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet | (\$50) | <input type="checkbox"/> | Non-English specification | (\$130) | <input type="checkbox"/> | Notice of Appeal | (\$510) | <input type="checkbox"/> | Filing a brief in support of an appeal | (\$510) | <input type="checkbox"/> | Request for oral hearing | (\$1,030) | <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,410) | <input type="checkbox"/> | Other: | | <input type="checkbox"/> |
| Fee Description | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 1 st month | (\$120) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 2 nd month | (\$460) | [460] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 3 rd month | (\$1,050) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 4 th month | (\$1,640) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 5 th month | (\$2,230) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Disclosure Statement fee | (\$180) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet | (\$50) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | (\$130) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Appeal | (\$510) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing a brief in support of an appeal | (\$510) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for oral hearing | (\$1,030) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,410) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION 2. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th></th> <th>FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td>Fee Paid</td> </tr> <tr> <td>Nonprovisional (\$310)</td> <td>(\$510)</td> <td></td> <td>(\$210)</td> <td></td> </tr> <tr> <td>Utility</td> <td></td> <td></td> <td>(Total = \$1030)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$210)</td> <td>(\$100)</td> <td>(\$130)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$440)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$310)</td> <td>(\$510)</td> <td>(\$620)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1440)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td></td> <td>(Total = \$210)</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | FEE | SEARCH FEE | EXAMINATION FEE | | Application Type | | | | Fee Paid | Nonprovisional (\$310) | (\$510) | | (\$210) | | Utility | | | (Total = \$1030) | <input type="checkbox"/> | Design | (\$210) | (\$100) | (\$130) | | | | | (Total = \$440) | <input type="checkbox"/> | Reissue | (\$310) | (\$510) | (\$620) | | | | | (Total = \$1440) | <input type="checkbox"/> | Provisional Utility filing fee | | | (Total = \$210) | <input type="checkbox"/> | SUBTOTAL (2)+(3) (\$)[] | |
| | FEE | SEARCH FEE | EXAMINATION FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type | | | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nonprovisional (\$310) | (\$510) | | (\$210) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | | | (Total = \$1030) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$210) | (\$100) | (\$130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$440) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$310) | (\$510) | (\$620) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$1440) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional Utility filing fee | | | (Total = \$210) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$260 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[] | | 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$210 per claim) Multiple dependent claim, if not paid (\$370) **Reissue: each independent claim over 3 and more than in the original patent (\$210 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$)[] | | | Extra Claims | Fee from Below | Fee Paid | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | Multiple Dependent claims: | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent claims: | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (4) (\$)[] | | SUBTOTAL (5) (\$) [460] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY Name (Print/Type) George H. Leal | | Complete (if applicable) Registration No. 56,813 Telephone (513) 622-1268 Date 12/6/2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature <i>George H. Leal</i> | | Date 12/6/2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT